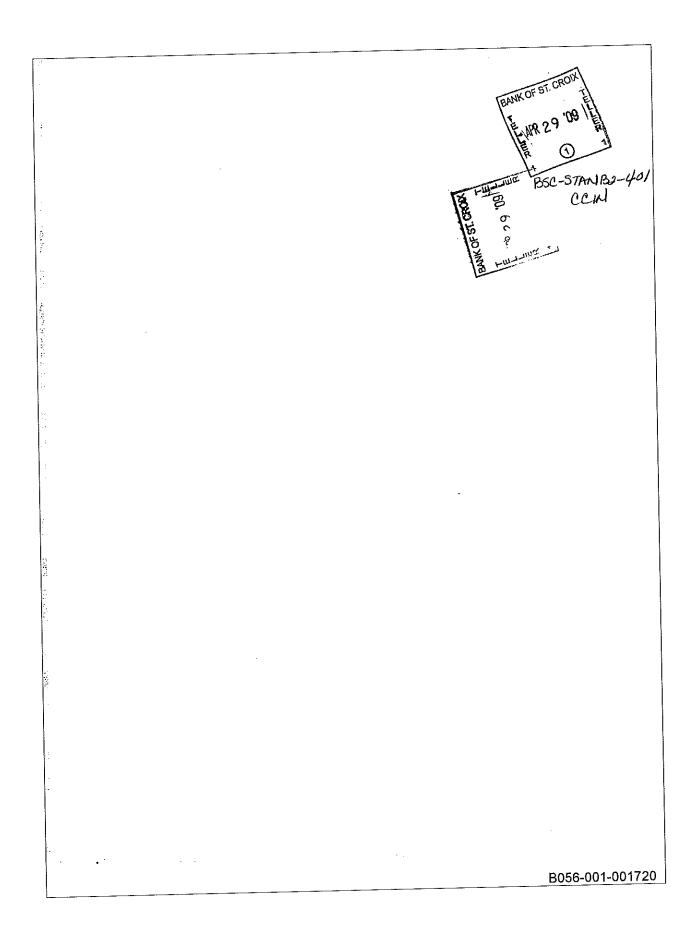
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			REQUEST/		RECORD \		
CUSTOMER HAME		<u> </u>	ECTION A		WOUNT		
STANFORD 20/20 LLC			22016603	⊠ A.M.	\$ 539.55 Outgoing (Cont.	ntete Section B)	,
Date 7/2/08	*****		Time	P.M.	Incoming (Com	plete Section C)	
ORIGINATOR'S NAME	NAME OF THE	SECTIO	N B :- OUTGOING	1,11,11,11	TAXPAYER IDENTIFICATION	N NUMBER	
STANFORD 20/20 LLC	REPRESENTATIVE (I applica	Lb(a)	22016603		66-0684118 AUTHORIZATION VERIFICE	WATH BANK RECORDS?	
R. ALLEN STANFORD	TV I STATE / TIP COME		<del></del>		⊠ Yes □ No		
P.O. BOX 25438, CHRIST			an qui danig il a made alle de administra l'option reprinterativo recorde par de derectorist				
WAE INSTRUCTION RECEIVED BY Phone Mail	In Person	⊠ Fax □	Other (specify)				
RENEFICIARY'S NAME AKIN GUMP STRAUSS H	AUER & FELD LLI	)			_		
BENEFICIATY'S ADDRESS (STREET / C		NOTON, DC 200	36-1564				
BEHEFICIARY'S BANK CITIBANK	,	,			ANA ROUTING NUMBER		
BENEFICIARY'S BANK AUGRESS (SYRE 399 PARK AVENUE, NEW		:)				i	,
EXECUTION DATE	YORK NY 10022			OURT HUMBER (I MONI	n)		
SPECIAL INSTRUCTIONS	ry 19.9 fersia Narant Parametra an amerikapa dibengudan ang sami		30447604				
REFERENCE: 685827/0001	, INVOICE#118683		ne INSONING	- W. SW	11	- W. S.	
BENEFICIARYS HAME		. *AEA1101	y.c:orpozenta	<u> </u>	ACCOUNT NUMBER		
BENEFICARY'S AUTHORIZED REPRESE	NTATIVE (# appbrabts)	r	ALTHORIZATION VERIFICAT	ON METHOD (a.g., pow	u of attorney, respotate resolut	in)	
FICKRY'S ADDRESS (STREET) CH	Y I STAYT I ZIP CODG						
TAXPAYER (DENTIFICATION NUMBER)	COPY OF PAYMENT OF		PAYMENTS MADE IN PERSO		and the state of t		
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1. WHERE ORDER RECEIVED I	ROM OR PAYMENT N				SOCIAL SECURITY HUMBE		
REPRESENTATIVE'S NAME & ADDRESS							
DRIVER'S LICENSE NUMBER	ទា	ATE 3	F NO DRIVER'S LICENSE, OT	HEN TYPE OF LD	EXEMPTIFICATION NUMBER	•	
2. ORDER RECEIVED IN PERSO		R:	FNO LIRIVIER'S LICENSE, OT	wa two or to	IDENTIFICATION NUMBER		
DRAYER O ENGRAGE HUMPER	] 31	AIG .	F NO IROVIER & CALENSE, UII	TER TIPE OF ED			
3. WHERE ORDER RECEIVED C	R PAYMENT MADE N		TTACH ALL RECORD PAYMENT METHO		MENT.	10 to 30 to	
Cash Credit Card		Check#		Debit/Credit	COMMISSION		
Account #:	,	rawn on:	Acct. # <u>022016603</u>	Authorized	WRE	30.00	
unconditionally authorize the	Financial institution (	to execute this ba	vment order		MISCELLANEOUS		
and debit my account in the an otherwise paid the Financiel In	rount requested plus				FEES		
CUSTOMER SIGNATURE	A		OFAC VERIFIED		TOTAL	8030.60	
x UM	ock		X	JWS_			
REPAREO BY	-		APPROVED BY	$\mathbf{W} \wedge$			
TLAND 1985			7		GREATLAND # To	Onley Call; 800-530-9393	. •
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				* 4			





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GFX Message Print - Message Inquiry Display Dialog Box
User: mderima
                     Bank: BANK OF STCROIX
                                                   Date: 07/02/08 16:35:46
Message Status: PNRM
Seq Num: 20081840011100 Related Seq Num: 20081840014200
Pay Method: FED Output Message ID: FTI0811
Day Recvd: 07/02/2008 12:15:45
                                          Value Date: 07/02/2008
Sender: 021606690,
Amount: $539.55
                            Receiver: 021000089
Debit info --
     Account: 22016603 Inst: 01 Br: 0001 Type: D8
               STANFORD 20/20 LLC
     Name:
               ATTN: NATASHA LEWIS-FLYNN
     Addr1:
               2179 KING CROSS STREET
CHRISTIANSTED VI
     Addr2:
     Addr3:
    Addr4:
               00820
Credit info --
               021000089
    Rcvr:
    Name:
               CITIBANK N.A.
    Addr1:
    Addr2:
    Addr3:
    Addr4:
                       Dept: DEPT1
                                             Trancode: DOMESTIC
Category:
                       Linesheet:
                                                Create Template:
Message Text:
                 (1500)02 P *
(1510)1000
(1520)20080702L1LFB89C000025
(2000)000000053955
(3100)021606690*
(3320)20081840011100*
   Sndr Info
   Msg Type
   IMAD
  Amount
  nder DI
ir Ref
  RCVr DI
                  (3400)021000089*
(3600)CTR*
  Bus Func
  BNF
                 {4200}D30447604*
                 AKIN GUMP STRAUSS HAUER & FIELD LLP*
                 1333 NEW HAMPSHIRE AVE N.W.*
                 WASHINGTON, DC 20036-1564*
  ORG
                 {5000}D22016603*
                STANFORD 20/20 LLC*
ATTN: NATASHA LEWIS-FLYNN*
                 2179 KING CROSS STREET*
                 CHRISTIANSTED VI*
  OBI
                 {6000}REF: 685827/0001*
                INVOICE # 1186836, 1192566*
                                                                                              B056-001-001717
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	Bank	c of St	Croix	7.	•	(I)
WIRE/F		SFER REQUES		_	CODD	N
		SPECIONA				
CUSTOMER NAME STANFORD 20/20 LLC		сивтомен досог 22016603	UNIT KUMBER (If any)		UNT	
ORDER RECEIVED		1/7	al 🗆		23,722.76 Outgoing (Co.	mplete Section
Date 3/28/08	77.74 - TA C. TA C. TA	Time / 🔄	H □P	.M. 📗	Incoming (Co	mplete Section
ORIGINATOR'S MAJE		ACCOUNT NUMBER			AYER IDENTIFICA	TOW SHIPED
STANFORD 20/20 LLC NAME OF ORIGINATOR'S AUTHORIZED REPRESENT	TATE OF	22016603		66-	0684118	
R. ALLEN STANFORD / Juli	Model				iorization verifi Yes 🔲 N	ED WITH BANK REC
ORIGINATOR'S ADDRESS (STREET / CITY / STATE / P.O. BOX 25438, CHRISTIANSTED	ZIP CODE) () ) VI (10824	i		<del></del>		
WIRE INSTRUCTION RECEIVED BY:						<del></del>
Phone Mail In Pen	son 🗵 Fax	Other (specify)				
AKIN GUMP STRAUSS HAUER & BENEFICIARY'S ADDRESS (STREET/CITY/STATE/)						
1333 NEW HAMPSHIRE AVE, N.W	4. WASHINGTON.	DC 20036-1564				
BENEFICIARY'S BANK CITIBANK					OUTING NUMBER	
BENEFICIARY'S BANK ADDRESS (STREET / GITY / ST	ATE / ZIP GODE)			021	000089	
399 PARK AVENUE, NEW YORK N	VY 10022	. Eggseriás-man	ACCOUNT LABORATE			
737 3002		30447604	ACCOUNT NUMBER (#1	augeu)		
PECIAL INSTRUCTIONS REFERENCE: 685827/0001, INVOIC	E#1167068			$\overline{}$	·	
	1. Viz. 2.	FETTON C (NEOMING		700	<b>在最大程序</b> 于	
eneficiary's name			1	ACCO	NT NUMBER	
eneficiary's authorized representative (7 e	oplicable)	AUTHORIZATION VERSE	ICHTION THE THEO (B.G.	power of sition	ney, corporate resolu	(Con)
ENEFICIARYS ADDRESS (STREET / CITY / STATE / Z	OP CODE)	/w/h	HALLIE GA	<del></del>		
AXPAYER IDENTIFICATION NUMBER COPY O	OF PAYMENT ORDER ATTACH		Mr Viller of	Mod		
\Y		HED? PAYMENTS MADE IN P	JIN 1270	EL OLIVEN	TIFICATION (e.g., de	iver's license and num
PECIAL INSTRUCTIONS			10001	h	/	
▼ COMPLETE SECTIO	N D ONLY IF THE C	USTOMER IS NOT AN	ACCOUNT HOLD	ER WIT)	THIS BANK.	,
		BECHON D				
WHERE ORDER DECEMES EDOM OR	DAVIELT HARE TO		4.4 ****			
WHERE ORDER RECEIVED FROM OR EPRESENTATIVE'S NAME & ADDRESS	PAYMENT MADE TO		rative:	SOCW	SEANIK DE SE	E CUSIX
EPRESENTATIVE'S NAME & ADDRESS		AUTHORIZED REPRESENT			SPANKALSE S*	F CUSIX
. WHERE ORDER RECEIVED FROM OR EPRESENTATIVE'S NAME & ADDRESS RIVER'S LICENSE HUMBER	PAYMENT MADE TO A				SECONY PLASE SA CONTONY PLASE	1 6451X
EPRESENTATIVE'S NAME & ADDRESS  RVER'S LICENSE HUMBER  ORDER RECEIVED IN PERSON FROM (	STATE ORIGINATOR:	AUTHORIZED REPRESENT	E, OTHER TYPE OF LO.	IDENTI	RETAIL SETT	ALE BERT.
EPRESENTATIVE'S NAME & ADDRESS  RVER'S LICENSE HUMBER  ORDER RECEIVED IN PERSON FROM ( RVER'S LICENSE NUMBER	STATE ORIGINATOR:	IF NO DRIVER'S LICENSE	E, OTHER TYPE OF LO.	IDENTH	HETAIL SETT	ALE BERT.
EPRESENTATIVE'S NAME & ADDRESS  RVER'S LICENSE HUMBER  ORDER RECEIVED IN PERSON FROM ( RVER'S LICENSE NUMBER  WHERE ORDER RECEIVED OR PAYME	STATE ORIGINATOR: STATE STATE ORIGINATOR: STATE	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO	E. OTHER TYPE OF LO.  I. OTHER TYPE OF LO.  IROS OF ORDER/F	IDENTH	HETAIL SETT	ALE BERT.
EPRESENTATIVE'S NAME & ADDRESS  RVER'S LICENSE HUMBER  ORDER RECEIVED IN PERSON FROM ( RVER'S LICENSE NUMBER  WHERE ORDER RECEIVED OR PAYME	ORIGINATOR: STATE  NT MADE NOT IN PER	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RESON, ATTACH ALL, RECO	E, OTHER TYPE OF LO.	IDENTIA IDENTIA	HETAIL SETT	ALE BERT.
Cash Credit Card	STATE ORIGINATOR: STATE STATE ORIGINATOR: STATE	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO	E. OTHER TYPE OF LO.  I. OTHER TYPE OF LO.  IROS OF ORDER/F	IDENTI IDENTIF	HETAIL SETT	ALE BERT.
CRIME & ADDRESS  RIVERS LICENSE HUMBER  ORDER RECEIVED IN PERSON FROM ( RIVERS LICENSE NUMBER  WHERE ORDER RECEIVED OR PAYME  Cash Credit Card  Account #   Issuer:	STATE  ORIGINATOR:  STATE  INT MADE NOT IN PER  Check #  Drawn on:	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO  ACCt. # 022016603	E, OTHER TYPE OF LO.  COTHER TYPE OF LO.  CROSS OF ORDERIFE  LA Dobit/Class	IDENTI IDENTIF	HETAIL SETTI COTTS! UNDER	ACE BERT
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ORDER RECEIVED IN PERSON FROM ON THE PROPERTY OF PAYMER ACCOUNT # Issuer:  Inconditionally authorize the Financial ad debit my account in the amount required property in the property of the	ORIGINATOR:  STATE  INT MADE NOT IN PER  Check #  Drawn on:  Institution to execute uested plus applicable	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO  ACCt. # 022016603	E, OTHER TYPE OF LO.  COTHER TYPE OF LO.  CROSS OF ORDERIFE  LA Dobit/Class	DENTH	HETAIL SETTI CATON CHACHE COMMISSION WATE CHARGES	ACE BERT.
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CASH Credit Card Account #: Issuer: Inconditionally authorize the Financial addebit my account in the amount requestrates paid the Financial Institution).	ORIGINATOR:  STATE  INT MADE NOT IN PER  Check #  Drawn on:  Institution to execute uested plus applicable	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO  Acct. # 022016603  of this payment order le charges (if I have not  OFAC VERFIED  X	E, OTHER TYPE OF LO.  COTHER TYPE OF LO.  CROSS OF ORDERIFE  LA Dobit/Class	DENTH	RETAIL SETTING THE	ACE BERT.
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CRUERS HUMBER  ORDER RECEIVED IN PERSON FROM ORDERS LICENSE NUMBER  WHERE ORDER RECEIVED OR PAYME  Cash Credit Card Account #: Issuer: Inconditionally authorize the Financial ad debit my account in the amount requirements paid the Financial natitution).	ORIGINATOR:  STATE  INT MADE NOT IN PER  Check #  Drawn on:  Institution to execute uested plus applicable	IF NO DRIVER'S LICENSE  IF NO DRIVER'S LICENSE  RSON, ATTACH ALL RECO  Acct. # 022016603  of this payment order le charges (if I have not  OFAC VERFIED  X	E, OTHER TYPE OF LO.  COTHER TYPE OF LO.  CROSS OF ORDERIFE  LA Dobit/Class	DENTI	ELTAIL SETVI CATON OF THE CATON	BEANDS  30.0  30.0  30.0
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BANK OF ST. CROIX 1 APR 29'09 1 RETAIL SERVICE DEPT. U.S. VIRGIN ISLANDS BSC-5779182-525 cow B056-001-001968

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 GFX Message Print - Message Inquiry Display Dialog Box
                       Bank: BANK OF STCROIX
 User: gbermudez
                                                    Date: 03/28/08 14:51:25
Message Status: PNRM
 Seq Num: 20080880004400 Related Seq Num: 20
Pay Method: FED Output Message ID: FTI0811
                               Related Seq Num: 20080880005900
Date Recvd: 03/28/2008 09:52:03 Value Date: 03/28/2008
Sender: 021606690,
Amount: $23,722.76
                           Receiver: 021000089'
Debit info --
     Account: 22016603 Inst: 01 Br: 0001 Type: D8
     Name:
               STANFORD 20/20 LLC
               ATTAN: NATASHA LEWIS-FLYNN
     Addr1:
     Addr2:
               2179 KING CROSS STREET
     Addr3:
               CHRISTIANSTED VI
     Addr4:
               00820
Credit info --
    Rcvr:
               021000089
    Name:
              CITIBANK N.A.
     Addr1:
    Addr2:
    Addr3:
    Addr4:
Advice:
                     Dept: DEPT1
                                           Trancode: DOMESTIC
Category:
                     Linesheet:
                                              Create Template:
Message Text:
                 {1500}02 P * 
{1510}1000 
{1520}20080328L1LFB89C000008
   Sndr Info
   Msg Type
   IMAD
                 2000)000002372276
{3100}021606690*
{3320}20080880004400*
{3400}021000089*
   Amount
   Sender DI
   Sndr Ref
   Revr DI
                 3600 CTR*
(4200 D30447604*
   Bus Func
   BNF
                 AKIN GUMP STRAUSS HAUER & FELD LLP*
                 1333 NEW HAMPSHIRE AVE N.W.*
                WASHINGTONDC 20036-1564*
   ORG
                 {5000}D22016603*
                STANFORD 20/20 LLC*
                ATTAN: NATASHA LEWIS-FLYNN*
                2179 KING CROSS STREET*
                CHRISTIANSTED VI*
                {6000}REFERENCE: 685827/0001,*
   OBI
                INVOICE#1167068*
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B056-001-001969

CISTOMER NAME			Ι.	ACCOUNT NUMBER	(If any)	AMOUNT \$ 29.419.45	
STANFORD 20/20 LLC DER RECEIVED			2201660	3	⊠ A.M.	Outgoing (Com	olete Section
date 2/15/08	NGW QXXX	148888 <b>8</b>	Time Once B - out	<b>доже</b>	☐ P.M.	☐ Incoming (Com	ete Section
PRIGNATOR'S NAME STANFORD 20/20 LLC	1,73,		ACCOUNT N 2201660	UMBER		TAXPAYER IDENTIFICATION 66-0684118	N NUMBER
WHE OF ORIGINATOR'S AUTHORIZED I	REPRESENTATIVE (J. PO		,			AUTHORIZATION VERIFIED	WITH BANK RECO
RIGHATOR'S ADDRESS (STREET / CIT	Y/STATE / ZIP CODE)	1	<u> </u>	<u>,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
P.O. BOX 25438, CHRISTIA WHE INSTRUCTION RECEMBED BY:					<del></del>		
Phone Mail ENEFICIARY'S NAME	In Person	⊠ Fax	Other (specif	()			······································
AKIN GUMP STRAUSS HA		LP					
333 NEW HAMPSHIRE A		HINGTON, D	C 20036-1564			ASA ROUTING NUMBER	
CITIBANK						021000089	· •
ieneficiarys bank address (stree 1999 PARK AVENUE, NEW				<u> </u>		<u></u>	,
EXECUTION DATE 0010	08		3044	CWRY'S ACCOUNT! 7604	KUMBER (if known		
PECIAL INSTRUCTIONS REFERENCE: INVOICE#11	63418	`					
		\$100 S	CHONC-NO			ACCOUNT HUMBER	
eneficiaty's name		-		MALL	W		
ENEFICIARY'S AUTHORIZED REPRESE	MTATIVE (if applicable)		AUTHORIZATIO	WENT BYTON M	March 12	r of attornels, corporate resoluti	on)
ENEFICIARY'S ADDRESS (STREET / CIT	Y/STATE/ZP CODE)			1 11/1	JUL C	1	
AYER IDENTIFICATION HUMBER	COPY OF PAYME	T ORDER ATTACH	ED7 PAYMENTS MA	E IN PERSON TYP	To post	F IDENTIFICATION (e.g., driv	et, a liceuse and una
PECIAL INSTRUCTIONS	<u> </u>   163					/	
					YT HOLDER	WITH THIS BANK.	
. WHERE ORDER RECEIVED			SECTION D		AD-16-PAGE		C-ACTA
EPRESENTATIVE'S NAME & ADORESS	FROM OR FAIME	NE HOUL 107	(OTTOTALLE) TALL	<u> LOCITIFITO E</u>		SOCIAL SECURITY NUMBER	1
RIVER'S LICENSE NUMBER		STATE	IF NO DRIVERS	LICENSE, OTHER T	YPE OF I.D.	IDENTIFICATION NUMBER	
. ORDER RECEIVED IN PERS	ON FROM ORIGINA	ATOR:					
RIVER'S LICENSE NUMBER		STATE	F NO DRIVERS	LICENSE, OTHER T	YPE OF LD.	IDENTIFICATION NUMBER	
. WHERE ORDER RECEIVED	OR PAYMENT MAI				ORDER/PAY	MENT.	
Cash Credit Card		Check #	ME 4 PANGEN	(Uz	ebit/Cnedit	CONNIESSION	
Account #:		_ Drawn on: _	Acct. # <u>0220</u>		Tuthorized	Was	1
unconditionally authorize the	Financial Incline	lion to everate				CHARGES MISCELLANEOUS	30
and debit my account in the a	mount requested	plus applicab	le charges (if I ha	e not		FEES	<u> </u>
therwise paid the Financial I	nstitution).			F		TOTAL OF	<b>1940</b>
USTOMER SIGNATURE	lode 1		OFAC V	465			- ( (
REPARED BY	~ \	4 4	APPROX	AED BA A	(Ann)		

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1.		BANK OF ST. CROIX
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2"		
		3 APR 29 09 3
1.		DETAIL OF CHOICE DEED
		RETAIL SERVICE DEPT. ST. CROIX U.S. VIRGIN ISLANDS
		U.S. VIRGIN ISLANDS
		BSC-STANBA-598
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		5000
		B056-001-002104

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GFX Message Print - Message Inquiry Display Dialog Box
                                                  Date: 02/19/08 13:56:23
 User, elugo
                    Bank: BANK OF STCROIX
Message Status: PNRM
Seq Num: 20080500003900 Related Seq Num: 20080500006000
Pay Method: FED Output Message ID: FTI0811
Date Recvd: 02/19/2008 08:15:43 Value Date: 02/19/2008
er: 021606690,
Amount: $29,419.45
                           Receiver: 021000089
Debit info --
     Account: 22016603 Inst: 01 Br: 0001 Type: D8
Name: STANFORD 20/20 LLC
Addrl: ATTN CYNTHIA ARNOLD
     Addr2: 2179 KING CROSS STREET
               CHRISTIANSTED VI
     Addr3:
     Addr4: 00820
Credit info --
    Rcvr: 021000089
    Name:
               CITIBANK N.A.
    Addr1:
    Addr2:
    Addr3:
    Addr4:
Advice:
                       Dept: DEPT1
                                               Trancode: DOMESTIC
Category:
                      Linesheet:
                                                 Create Template:
Message Text:
                  {1500}02
{1510}1000
   Sndr Info
   Msg Type
   IMAD
                  (1520)20080219L1LFB89C000009
                  2000)000002941945

3100)021606690*

3320)20080500003900*

3400)021000089*

3600)CTR*
   Amount
   Sender DI
   Andr Ref
    evr DI
   Hus Func
   BNF
                  4200 D30447604*
                 AKIN GUMP STRAUSS HAUER & FELD LLP*
                 1333 NEW HAMPSHIRE AVE N.W.*
                 WASHINGTON DC 20036-1564*
  ORG
                  {5000}D22016603*
                 STANFORD 20/20 LLC*
                 ATTN CYNTHIA ARNOLD*
                 2179 KING CROSS STREET*
                 CHRISTIANSTED VI*
  OBI
                 {6000}REFERENCE: INVOICE#1163418*
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B056-001-002105

04/10/2002 02:29:20,			Genera dger Rep STANFO 12/01/2001 Thru 12/31/2001, E Ending or Beginning Balance	OAD FIN/ Oetail.	NCIAL GRO Non-Zero	UP CO.	actions	Page 1
Beginning Ad Beginning Ad Beginning Ad	count count	Code:13001 Code:12150 Code:24001					Part at A	ccount Code: <last; ccount Code:<last; ccount Code:<last;< th=""></last;<></last; </last; 
WEGGER CODS	5		ACCOUNT DESCRIPTION					PATRNO
3000-000-0	1-0525	E 12 52 64 F 74	Due From STC			######################################	************	
				_				526.57
wholy page	JEUT.	Ctri Num	Description	Comp		Doc_2		Credit
12/11/2001	AR	JRNL001624	O  D  D  D  D  D  D  D  D  D  D  D  D  D	SEG	000035	138	0.00	11.38 45.85 159.91 308.43 0.60 0.00 0.00
12/11/2001	AR	JRNL001624	0	SEG	000035	138	0.00 0.00	45.85 159.91
12/18/2001	AR	JRNL001629	B Titourvern coldenitertone / N	SEG	000035	155	0.00	308.43
12/21/2001	AR	JRKL001632	United healthcare, VSP, Worldc	SFG	000035	INV0001335	207.13 6.376.09	0.60
12/31/2001	AR	JRXL001646	B LIGHTYEAR, WORLDOOM	SEG	000035	1NV0001392	199.33	0.00
			<< Period 12 >>					526.57
			Transaction Totals:				6,782.53	
			Final Balance:					6,782.55
3000-000-00	-0535		Due From SVCH Inc  Description  12/06/01 Wire Transfer 12/06/01 Wire Transfer 12/13/01 Wire Transfer 12/13/01 Wire Transfer 12/20/01 Wire Transfer OXCH 1004-PAYROLL EXPENSES AXIN GUMP 12/01 WANAGEMENT FEE NON-PAYROLL EXPENSES 02/13/02 WIRE TRANSFER 02/13/02 WIRE TRANSFER CREDIT INV DUE TO WRONG PERI					40,849,731.46
Apply Date	Jral	Ctrl Num	Description	Coap	Doc_1	Doc_2	Debit	Credit
12/07/2001	AR	JRNL0016205	12/06/01 WIRE TRANSFER	SFG	000045	1HV0001269	1,890,000.00	0.00
12/17/2001	AR AR	JRNL001620: JRNL0016250	) 12/06/01 WIRE TRANSFER   12/13/01 WIRE TRANSFER	SFG	000045	1NV0001270 1NV0001298	575,000.00	0.00
12/21/2001	A.R.	JRNL0016300	12/20/01 WIRE TRANSFER	SEG	000045	1NV0001312	175,000.00	0.00
12/21/2001	AR AR	JRNLGO16371 JRNLGO16474	WIRE TRANSFER 12/27/01 SVCH NON-PAYROLL EXPENSES	SFG	000045	INV0001345	111,989.38	0.00
12/31/2001	AR	PRNL0016496	AKIN GUMP	SFG	000045	INV0001397	72,274.84	0.00
12/31/2001	AR AR	JRNL0016528 JRNL0016816	12/01 MANAGEHENT FEE NON-PAYROLL EXPENSES	SFG	000045	1NV0001399 1NV0001504	126,400.00	0.00
12/31/2001	AR	TRNL0016832	02/13/02 WIRE TRANSFER	SFG	000015	INV0001505	26,800.00	0.00
12/31/2001	AR AR	JRNLOO1683: JRNLOO16834	CREDIT INV DUE TO WRONG PERI CREDIT INV DUE TO WRONG PERI	SFG	000045	CRM0000271 CRM0000271	0.00 26.800.00	26,800.00
12/31/2001	AR	TRNL0016834	CREDIT INV DUE TO WRONG PERI	SFG	000045	CRM0000271	0.00	26,800.00
	Peri	di	<< Period 12 >>				3,595,404.21	53,600.00
			Transaction Totals:				3,595,404.21	53,600.00
			Final Balance:					44,391,535.67
3000-000-00			Due From Antiqua Sun				*********	32,220.35
			Transaction Totals:				0.00	0.00
			Final Balance:					32,220.35
3000-000-00	-0806		Due From S.I.B.L.				*****************	0.00
Apply Date	Jrnl (	trl Num	Description	Совр	Doc_1	Doc_2	Debit	Credit
12/21/2001 12/31/2001	AR AR	RNL0016319 RNL0016402	10/01-11/01 ADJ BILLING 12/01 MANAGEMENT FEE	SFG SFG	000012 000012	1HV0001336	0.01	0.00
			<< Period 12 >>				10,770.01	0.00
			Transaction Totals:				10,770.01	0.00
			Final Balance:					10,770.01
3000-000-00			Due From SASH LTD					143,908.76
Apply Date	Jrnl C	tri Num	Description	Çonp	Doc_1	Doc_2	Debit	Credit
12/17/2001	AR J	RNL0016250	12/14/01 WIRE TRANSFER	SFG	000040	INV0001297	1,700.00	0.00
	Parlo	d:	<< Period 12 >>				1,700.00	0.00
			Transaction Totals:				1,700.00	0.00
		:	Final Balance:					145,608.76

B055-021-000889